



**REPUBLIC OF THE MARSHALL ISLANDS
MINISTRY OF FOREIGN AFFAIRS**

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September 26, 2001

Mr. Geoffrey Judge
Deputy Assistant Secretary for Planning and Administration
Office of Environment, Safety and Health
U.S. Department of Energy
FORS Building – Room 6B-094
1000 Independence Avenue, S.W.
Washington, D.C. 20585

Dear Deputy Assistant Judge:

During the annual meeting between the Republic of the Marshall Islands (RMI) and the U.S. Department of Energy (DOE), the RMI Government and the local communities reiterated longstanding concern about the medical treatment for the people of Rongelap and Utrik. Despite improvements to the medical program in recent years, problems continue. Of particular concern is the fact that this aging population is denied medical treatment for diseases or illnesses that are not known to be radiation-related. This is especially controversial when there are no other reasonable or realistic alternative treatment strategies for the communities.

Thanks to the work of those at DOE who have assumed responsibility for the medical program for Rongelap and Utrik in recent years, DOE has recognized and found reasonable and practical ways to define the scope of treatment available under the DOE medical program so that humane and ethical procedures can be followed. Thus, on September 12, 1997, DOE published in the Federal Register (Vol. 62, No. 177, pp. 48065-48073) a formal Request for Applications from health care providers to run the DOE medical program for Rongelap and Utrik. This DOE notice to prospective health provider contractors was based on comments received and responses to a draft notice on the medical program of May 29, 1997, which DOE published in the Federal Register (Vol. 62, No. 103) that described the scope of treatment to be provided.

Significantly, the DOE document of September 12, 1997, expressly states in pp. 48066 that: "Pursuant to [its] Congressional mandate, DOE provides a special medical care program consisting of: Medical screening, diagnosis and treatment for radiation-related diseases or illnesses in an economically disadvantaged tropical environment; Medical care and treatment of other diseases or illnesses as time and resources permit." The September 12, 1997, DOE document also describes the other medical care services available to the affected populations, including the RMI national health care system and

the RMI Health Care Program (HCP) for nuclear test survivors funded under Section 177 of the Compact of Free Association, concluding that: "Currently, the 177 HCP has not been able to adequately meet all the medical needs of DOE patients."

In pp. 48067 the DOE document of September 12, 1997, states that the program will "Provide full-time medical services in the Marshall Islands to the Rongelap and Utrik communities, sufficient to cover the medical needs of the affected Marshallese citizens." The September 12, 1997, notice builds upon the policy in the draft notice of May 29, 1997, which stated that the DOE medical program would provide treatment for radiation diseases and "other diseases and injuries as time and resources permit." In Part III. A. (a), the DOE program is described as one which will "...cover the medical needs..." of the affected population, not limited to radiation diseases. Perhaps more importantly, Part III. B. (a), describes the program as one which includes "...treatment of as much non radiation-related disease as medically indicated..."

Notwithstanding the progress made by DOE in defining its program according to minimal standards of medical responsibility, the DOE program is still being implemented in a way that is unduly restrictive. DOE currently treats non-radiogenic illnesses only when they are life-threatening to the patient. Non radiation-related diseases and conditions that could be treated within available resources and program capabilities are routinely not treated. Patients are turned down for one condition by the same doctor who is treating that patient for another condition. This results in the "ping-ponging" of the aging population from program to program in search of care. If this were part of a referral for treatment process this response would make sense, but in most cases there is, again, no other source of treatment other than DOE that is realistically available, resulting with the aging population being denied care.

The treatment for disease that is known to be radiation-related does not mean that other conditions which may or may not be radiation-related should not be treated. While the DOE notice in 1997 recognized this, its description of the program has not been implemented accordingly. This must be addressed and corrected, particularly as this population gets older and the line between radiation and non radiation-related diseases become difficult if not impossible to determine.

The RMI Government would like to renew our discussions and review of this matter to identify how and why this problem continues. The RMI Government believes it was logical for Congress to refer to radiation-related diseases in authorizing this program, but that treatment of other conditions with the time and resources available is not prohibited. If DOE lacks the resources or time to treat non-radiogenic illnesses, we would appreciate it if you would inform the RMI Government so we could have the opportunity to discuss the matter with Congress. Because of the absence of any other reasonable care for this population, one that deserves the best possible medical care after the tribulations its people have endured, the RMI Government looks to DOE to provide all medical care to this select population, including non-radiogenic illnesses.

The RMI Government believes that DOE is implementing the right policy, but that the policy is not being fully carried out. We want to work with you to ensure that the affected population has its medical needs met, particularly as it gets older.

Best Regards,

A handwritten signature in black ink, appearing to read 'Gerald M. Zackios', written over the printed name.

Gerald M. Zackios
Minister of Foreign Affairs